2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# L05000083043

Entity Name: TRIPPLE J INVESTMENTS, LLC

Current Principal Place of Business:

310 ADAMS AVE.
CAPE CANAVERAL, FL 32920 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 301
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 37-1514691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHANSON, JOHN I
310 ADAMS AVE
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	JOHANSON, JOHN J	
Address:	310 ADAMS AVE	
City-St-Zip:	CAPE CANAVERAL, FL 32920 US	
Title:	MGRM	( ) Delete
Name:	MORGAN, JAMES E SR.	
Address:	P.O. BOX 301	
City-St-Zip:	CAPE CANAVERAL, FL 32920 US	
Title:	MGRM	( ) Delete
Name:	MORGAN, JAMES E JR.	
Address:	P.O. BOX 301	
City-St-Zip:	CAPE CANAVERAL, FL 32920 US	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	JOHANSON, JOHN I	
Address:	310 ADAMS AVE	
City-St-Zip:	CAPE CANAVERAL, FL 32920 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN I JOHANSON MGRM 01/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date